

**Department of Health and Human Services**  
**Substance Abuse and Mental Health Services**  
**Administration**

**Statewide Peer Network Development Program for Recovery  
and Resiliency Grants**

**(Short Title: Statewide Peer Networks for R&R Grants)**

**(Initial Announcement)**

**Request for Applications (RFA) No. SM-14-023**

**Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243**

**Key Dates:**

|   |  |
|---|--|
| <b>Application Deadline</b>   | <b>Applications are due by August 7, 2014</b>  |
| <b>Intergovernmental Review<br/>(E.O. 12372)</b>  | <b>Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b> |
| <b>Public Health System<br/>Impact Statement<br/>(PHSIS)/Single State<br/>Agency Coordination</b> | <b>Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.</b>            |

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## EXECUTIVE SUMMARY:

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2014 Statewide Peer Networks for Recovery and Resiliency grants. The purpose of this grant program is to create statewide networks that represent mental health and addictions recovery communities to improve access to and the quality of behavioral health systems, services, treatment and recovery supports statewide. Formal SAMHSA-funded networks already exist in many states for specific recovery and family communities; this program is designed specifically to bridge and unify recovery networks for mental health consumers, families of children with serious emotional disturbance and youth, as well as those in recovery from addictions. Current SAMHSA-funded Recovery Community Services Program-Statewide Networks (RCSP-SNs), Statewide Family Networks (SFNs), and Statewide Consumer Networks (SCNs) grants will work together to enhance and promote cross-service system, peer workforce, and infrastructure development that is recovery-focused and resiliency-oriented. This program will promote the creation of collaboratives as self-sufficient and empowered networks that (1) strengthen the voices of mental health consumers, family members and youth, and individuals in addiction recovery at the state and local level; and (2) increase access to and quality of behavioral health systems, services, treatment, and recovery supports so that they are empowering, self-directed, resilience-oriented, and promote an enhanced life in the community for those with behavioral health concerns.

|   |  |
|---|--|
| <b>Funding Opportunity Title:</b>           | Statewide Peer Networks for Recovery and Resiliency  |
| <b>Funding Opportunity Number:</b>          | SM-14-023  |
| <b>Due Date for Applications:</b>           | August 7, 2014   |
| <b>Anticipated Total Available Funding:</b> | \$800,000 (\$400,000 CSAT and \$400,000 CMHS)  |
| <b>Estimated Number of Awards:</b>          | up to eight (8)  |
| <b>Estimated Award Amount:</b>              | Up to \$100,000  |
| <b>Cost Sharing/Match Required</b>          | No   |
| <b>Length of Project Period:</b>            | One (1) year   |
| <b>Eligible Applicants:</b>                 | Current CSAT-funded Recovery Community Services Program-Statewide Networks (RCSP-SNs), current CMHS-funded Statewide Consumer Networks (SCNs) from states in |

which RCSP-SNs are funded, and current CMHS-funded Statewide Family Networks (SFNs) from states in which RCSP-SNs are funded.

[See [Section III-1](#) of this RFA for complete eligibility information.]

# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2014 Statewide Peer Networks for Recovery and Resiliency grants. The purpose of this grant program is to create statewide networks that represent mental health and addictions recovery communities to improve access to and the quality of behavioral health systems, services, treatment and recovery supports statewide. Formal SAMHSA-funded networks already exist in many states for specific recovery and family communities; this program is designed specifically to bridge and unify recovery networks for mental health consumers, families of children with serious emotional disturbance and youth, as well as those in recovery from addictions. Current SAMHSA-funded Recovery Community Services Program-Statewide Networks (RCSP-SNs), Statewide Family Networks (SFNs), and Statewide Consumer Networks (SCNs) grants will work together to enhance and promote cross-service system, peer workforce, and infrastructure development that is recovery-focused and resiliency-oriented. This program will promote the creation of collaboratives as self-sufficient and empowered networks that (1) strengthen the voices of mental health consumers, family members and youth, and individuals in addiction recovery at the state and local level; and (2) increase access to and quality of behavioral health systems, services, treatment, and recovery supports so that they are empowering, self-directed, resilience-oriented, and promote an enhanced life in the community for those with behavioral health concerns.

This program represents a new effort for RCSP-SNs, SFNs, and SCNs to develop intentional, collaborative efforts via Memoranda of Agreement and sharing of fiscal resources. The intent of this program is for RCSP-SN, SFN, and SCN grantees within a state to form a collaboration that will develop a strategic plan, share resources, engage in cross-training, increase capacity to affect behavioral health systems change at the state and local levels, and to improve behavioral health outcomes for persons in recovery from serious mental illness and/or substance use disorders, and family members of children with serious emotional disturbances and youth/young adults.

The Statewide Peer Networks for Recovery and Resiliency Program grants (Statewide Peer Networks for R&R) are authorized under Sections 509 and 520A of the Public Health Service Act, as amended.

This announcement addresses both Healthy People 2020 Substance Abuse Topic Area HP 2020-SA and Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

## **2. EXPECTATIONS**

The goals of the Statewide Peer Networks for R&R program are to (1) initiate and expand collaboratives with statewide impact and represent the voices of mental health consumers, family members, youth, and people in recovery from substance use disorders, (2) engage in strategic planning and needs assessment to identify system strengths and gaps for promoting peer and family voice, recovery, and resiliency, (3) enhance state and service system capacity to be oriented to the needs of mental health consumers, the addiction recovery community, and children and youth with serious mental health conditions and their families, and (4) effectively participate in state and local behavioral health services (including mental health, substance abuse/addictions, and allied services) planning and health care reform activities related to improving community-based services and supports for people in recovery from substance use disorders, children and youth with serious mental health conditions and their families, and young adult/adult mental health consumers.

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the nation's health. To continue to improve the delivery and financing of prevention, treatment and recovery support services, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. The Statewide Peer Networks for Recovery and Resiliency program closely aligns with SAMHSA's Recovery Support Strategic Initiative. As part of this Strategic Initiative, SAMHSA funded the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS-TACS) to promote the widespread adoption of recovery concepts and practices throughout the United States. The BRSS-TACS will help facilitate the dissemination of information among consumers, persons in recovery from substance abuse disorders, families, and youth about health care reform initiated by the Patient Protection and Affordable Care Act.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans particularly in the context of health reform, and to help clarify these concepts for those applying for funding such as providers, grantees, peers/people in recovery, families, and others. The definition is used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible. Grantees are also expected to address the four dimensions of recovery (health, home, purpose, and community) to the greatest extent possible in their project design and service delivery.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). Individuals returning from Iraq and

Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

## **2.1 Required Activities**

In order to achieve the goals of the Statewide Peer Networks for R&R program, grant funds must be used primarily to support infrastructure development. It is expected that within the grant year, the collaboratives will build upon activities currently funded through the RCSP-SN, the SCN, and the SFN program by developing a strategic plan for sustaining efforts to:

- (1) strengthen the voices of mental health consumers, family members and youth, and individuals in addiction recovery at the state and local level; and
- (2) increase access to and quality of behavioral health systems, services, treatment, and recovery supports so that they are empowering, self-directed, resilience oriented, and culturally and linguistically appropriate and promote an enhanced life in the community for those with behavioral health concerns.

Applicants are required to submit a Memorandum of Agreement (MOA) among the SAMHSA-funded grantees in their respective state reflecting their agreement to collaborate. At a minimum, the MOA must identify the RCSP-SN and Statewide Network grantee(s) involved, describe the specific roles and responsibilities of each party, include a summary of the essential terms of the agreement, and be signed and dated by the Executive Directors and Board of Directors' Presidents of each of the SAMHSA grantees involved. **The signed MOA must be included in Attachment 1 of your application. Applications that do not include a signed MOA will be screened out and will not proceed to peer review.** (See [Appendix I Sample Memorandum of Agreement](#)). Terms of the MOA must also be reflected within the applicant's budget.

If there is both a Statewide Family Network grantee and a Statewide Consumer Network grantee in a state, both must collaborate with the RCSP-SN grantee to submit one application. If there is either a Statewide Family Network grantee or a Statewide Consumer Network grantee in the state, that Statewide Network (either Family or Consumer) grantee must work with the RCSP-SN grantee to submit one application. One Statewide Network must serve as the lead applicant and submit the application, but



the proposed project must include a collaborative with all of the SAMHSA-funded network grantees (e.g., SCNs, SFNs, RCSP-SNs) within the state. See Appendix J for a list of eligible SAMHSA funded Network grants.

Applicants are especially encouraged to utilize training, network development, organizational and community readiness, and policy development to support best practices and achieve program goals. Applicants shall also ensure that activities are not duplicative of those funded by SAMHSA through their respective RCSP-SC, SCN, and SFN grant awards.

To support development of the strategic plan and sustainability of the collaborative efforts, applicants are expected to choose a total of at least two (2) activities from the five (5) bolded bullets listed below.

- **Conduct cross-training efforts to build mutual understanding and to align efforts in systems change, such as:**
  - Training to ensure clarity and understanding related to culture and language and to inform systems activities, including on mental health, addiction, trauma recovery, resiliency, family engagement, youth involvement, and trauma-informed peer and family support.
  - Leadership training and mentoring to increase the number of individuals in recovery from behavioral health issues and family members of children participating in systems change efforts.
  - Peer support models used to support substance abuse recovery, mental health recovery, family support, and resiliency.
- **Address gaps in behavioral health policy, planning, and services as identified by people in recovery, youth, family members of children and adolescents, and young adult/adult consumers across the state by sharing information and creating a “Strengths, Weaknesses, Opportunities, and Threats” (SWOT) analysis to inform the strategic planning process.**
- **Participate in state and local behavioral health services (including mental health, substance abuse/addictions, and allied services) planning and health care reform activities related to improving community-based services and supports for people in recovery from substance use disorders, children and youth with serious mental health conditions and their families, and young adult/adult mental health consumers, such as:**
  - Partner with health insurance coverage outreach and enrollment assistance programs operating in the state to inform and supplement their outreach efforts.

- Develop standards and programs for peer health navigator services to assist with health exchange and health home information, education, outreach, and enrollment.
  - Promote the use of peer recovery and family support services in integrated primary care and behavioral health settings.
  - Facilitate education/training efforts regarding mental health and addictions parity to increase awareness/understanding of the law (Mental Health Parity and Addiction Equity Act of 2008).
  - Develop consumer-owned and -directed personal and electronic health records.
- **Collaborate on major issues of concern and participate in policy, planning, and program development discussions at the state, community and local level to ensure the inclusion of people in recovery from substance use disorders, adults with serious mental illness, children and youth with serious mental health conditions and their families, and young adult/adult mental health consumers.**
  - **Participate in state and local behavioral health services (including mental health, substance abuse/addictions, and allied services) planning and health care reform activities related to improving community-based services and supports for people in recovery from substance use disorders and serious mental illness, and children and youth with serious mental health conditions.**

## 2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in “[Section D: Performance Assessment and Data](#)” of your application. Grantees will be required to report performance on performance measures connected to the activities proposed by the applicant under Section 2.1. The final measures to be collected will be negotiated between the grantee and the project officer and will be selected from the following list:

- The number of organizations or communities implementing mental health and addictions-related training programs as a result of the grant.
- The number of people in the mental health, addictions, and related workforce trained in specific mental health- and addictions-related practices/activities as a result of the grant.
- The people in recovery from mental illness and substance use disorders, and family members newly credentialed/certified to provide mental health- and

addictions-related practices/activities that are consistent with the goals of the grant.

- The people in recovery from mental illness and substance use disorders, and family members of children with serious emotional disturbances and youth who provide mental health- and addictions-related services as a result of the grant.
- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.
- The number and percentage of work group/advisory group/council members who are people in recovery from mental illness and substance use disorders, and family members and youth.
- The people in recovery from mental illness and substance use disorders, and family members, youth and young adults representing peer-run and family run organizations who are involved in on-going mental health and substance abuse recovery/resiliency-related planning and promotion activities as a result of the grant.
- The people in recovery from mental illness and substance use disorders, and family members and youth who are involved in mental health and substance abuse recovery/resiliency-related evaluation oversight, data collection, and/or analysis activities as a result of the grant.
- The number of individuals exposed to mental health and substance abuse recovery awareness messages.
- The number of individuals contacted through program outreach efforts.

This information will be gathered using a Web-based reporting system called Transformation Accountability (TRAC), which can be found at TRAC <https://www.cmhs-gpra.samhsa.gov/index.htm>, along with instructions for completing it. Data will be collected and reported on an annually basis. Technical assistance related to data collection and reporting will be offered. Applicants should be aware that the TRAC reporting system will migrate to the Common Data Platform (CDP) during the life of the grant.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

## **2.3 Local Performance Assessment**

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives, and outcomes you intend to

achieve and whether adjustments need to be made to your project. Performance assessments should be used also to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually.

At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

*Outcome Questions:*

- What was the effect of the program on raising awareness about addiction peer recovery support, mental health peer support, and family peer support?
- What program/contextual/cultural factors were associated with outcomes?
- What policy/program discussions included addiction recovery, mental health recovery, and family and children's resiliency as a result of your efforts? How were issues related to behavioral health disparities and ethnic/racial minorities addressed within these discussions?
- What changes were made in the processes and systems of collaborations across the RCSP-SN, the SCN, and the SFN, and their related membership, based on information provided through your program?

*Process Questions:*

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?
- What led to the changes in the original plan?
- How many state sponsored or facilitated events did you participate in?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and

Reporting on the data above will be required quarterly as part of the quarterly progress report.

**No more than fifteen (15) percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.**

## **2.5 Grantee Meetings**

Grantees must plan to send at least one (1) representative from each Statewide Network (RCSP-SN, SCN, SFN) participating in the grant (including the Project Director) to a joint grantee meeting. Applicants must include a detailed budget and narrative for this travel in the budget. At this meeting, grantees will present the progress of their projects and federal staff will provide technical assistance. The meeting will be up to two (2) days. The meeting is usually held in the Washington, D.C., area and attendance is mandatory.

## **II. AWARD INFORMATION**

Proposed budgets cannot exceed \$100,000 in total costs (direct and indirect) for the proposed project.

These awards will be made as grants.

## **III. ELIGIBILITY INFORMATION**

### **1. ELIGIBLE APPLICANTS**

Eligible applicants are SAMHSA Network grantees in the nine states where there is a RCSP-SN award and either one or both a Statewide Consumer Network and Statewide Family Network (see [Appendix J](#)).

The purpose of this program is to link formal statewide substance abuse recovery networks with formal statewide networks representing mental health consumers and families to represent a single voice for behavioral health statewide. SAMHSA's current Recovery Community Services Program-Statewide Networks (RCSP-SNs), Statewide Consumer Networks (SCNs), and Statewide Family Networks (SFNs) have been working throughout their states to establish sustainable mechanisms that promote systems change in mental health and substance abuse recovery service delivery. Because these grantees have established networks in place in their respective domains, they are best positioned to link these networks in order to increase access to and quality of behavioral health systems, services, treatment and recovery supports statewide. Only SAMHSA Network grantees in the nine states with a RCSP-SN award (see [Appendix J](#)) may apply because only these states have the requisite substance abuse recovery and mental health networks to link. Only one application may be submitted per state.

## **2. COST SHARING and MATCH REQUIREMENTS**

Cost sharing/match is not required in this program.

## **3. OTHER**

**You must comply with the following three requirements, or your application will be screened out and will not be reviewed:**

1. use of the SF-424 application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
2. application submission requirements in [Section IV-2](#) of this document; and
3. formatting requirements provided in [Appendix A](#) of this document.

## **IV. APPLICATION AND SUBMISSION INFORMATION**

### **1. CONTENT AND GRANT APPLICATION SUBMISSION**

You must go to both Grants.gov (<http://www.Grants.gov>) and the SAMHSA website (<http://beta.samhsa.gov/grants/applying>) to download the required documents you will need to apply for a SAMHSA grant.

#### **Grants.gov**

How to Download Forms from Grants.gov (see [Appendix B](#) for information on applying through Grants.gov)

To view and/or download the required application forms, you must first search for the appropriate funding announcement number (called the opportunity number).

On the Grants.gov site (<http://www.Grants.gov>), select the Apply for Grants option from the Applicants Tab at top of the screen. Under STEP 1, click on the red button labeled: 'Download a Grant Application Package'. Enter either the Funding Opportunity Number (SAMHSA's Funding Announcement #) or the Catalogue of Federal Domestic Assistance (CFDA) Number exactly as they appear on the cover page of this RFA, then click the Download Package button. In the Instructions column, click the Download link.

You can view, print or save all of the forms. You can complete the forms for electronic submission to Grants.gov. Completed forms can also be saved and printed for your records. These required forms include:

- Application for Federal Assistance (SF-424);
- Budget Information – Non-Construction Programs (SF-424A);

- Project/Performance Site Location(s) Form;
- Disclosure of Lobbying Activities; and
- Checklist.

**Applications that do not include these required forms will be screened out and will not be reviewed.**

### **SAMHSA's Grants Website**

You will find additional materials you will need to complete your application on SAMHSA's website (<http://beta.samhsa.gov/grants/applying>). These include:

- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA;
- Assurances – Non-Construction Programs;
- Certifications;
- Charitable Choice Form SMA 170;
- Frequently Asked Questions; and
- Pre-application Technical Assistance Call Notification

See [Section IV-1.1](#)-Assurances of this RFA to determine if you are required to submit Charitable Choice Form SMA 170. If you are, you can upload this form to Grants.gov when you submit your application.

**Be sure to check the SAMHSA website periodically for any updates on this program.**

### **1.1 Required Application Components**

Applications must include the following 12 required application components:

- **Application for Federal Assistance (SF-424)** – This form must be completed by applicants for all SAMHSA grants. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. SAMHSA applicants are required to provide their DUNS number on the first page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at <http://www.dnb.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private

nonprofit organization getting ready to submit a federal grant application. In addition, you must be registered in the new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations).** The DUNS number you use on your application must be registered and active in the SAM. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.]

- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in Appendix F of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 4** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be



disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

- *Attachment 1:* Signed Memorandum of Agreement (MOA) from partnering SAMHSA-funded Statewide Networks participating in the proposed project. **This must be included in your application or else it will be screened out and not reviewed.** (See [Appendix I Sample Memorandum of Agreement](#)).
- *Attachment 2:* Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- *Attachment 3:* Sample Consent Forms
- *Attachment 4:* Letter to the SSA [if applicable; see [Appendix C](#) – Intergovernmental Review (E.O. 12372) Requirements of this document]
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s website with the RFA.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application. .
- **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked ‘I Agree’** before signing the first page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.

- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, “Type of Application”, indicating if this is a new, noncompeting continuation, competing continuation or supplemental application, as well as Parts A through D.
- **Documentation of nonprofit status** as required in the Checklist.

## 1.2 Application Formatting Requirements

Please refer to Appendix A, Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications, for SAMHSA’s basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **August 7, 2014**.

Your application must be submitted through <http://www.Grants.gov>. Please refer to Appendix B, “Guidance for Electronic Submission of Applications.”

## 3. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. See Appendix C for additional information on these requirements as well as requirements for the Public Health Impact Statement.

## 4. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://beta.samhsa.gov/grants-management>:

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's **Statewide Peer Networks for Recovery and Resiliency** grant recipients must comply with the following funding restrictions:

- No more than (fifteen) 15 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

Be sure to identify these expenses in your proposed budget.

**SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in Appendix D.**

## **V. APPLICATION REVIEW INFORMATION**

### **1. EVALUATION CRITERIA**

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-D) together may be no longer than 25 pages.
- You must use the four sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Budget Justification and Supporting Documentation you provide in Sections E-G and Attachments 1-4 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

#### **Section A: Statement of Need (15 points)**

- Provide detailed information on the need for a Statewide Peer Network collaborative among RCSP-SN, and the SCN and/or SFN in your state and the need for enhancement of collaboratives to support recovery- and resiliency support services in the state for people in recovery from addictions, from serious mental illness and for families of children and youth with serious

emotional disturbances. Describe the stakeholders and resources in the state that can help implement the needed statewide network infrastructure development.

- Provide demographic information on the population(s) to receive services through the targeted systems or agencies, e.g., race, ethnicity, federally recognized tribe, language, age, socioeconomic status, sexual identity (sexual orientation, gender identity) and other relevant factors, such as literacy.
- Document the need for an enhanced infrastructure to increase the capacity to implement and sustain effective mental health and substance use disorder treatment services in the state. Describe the service gaps, barriers, and other problems related to the need for infrastructure development.
- Document the need for an enhanced statewide network infrastructure to strengthen capacity for mental health consumer, family member, youth, and addiction peer recovery support services.

## **Section B: Proposed Approach (45 points)**

- Describe the purpose of the proposed project, including a clear statement of its goals and objectives. Describe how achievement of goals will increase infrastructure capacity to support effective recovery- and resiliency-oriented substance use disorders treatment and mental health services.
- Clearly state at least two (2) activities from Section I-2.1 of this RFA on which the project will focus. Describe your approach for implementing each of these activities and how this approach relates to achievement of the overall goals and objectives of the project.
- Describe how the proposed project will enhance the voices of mental health consumers, family members of children and youth with serious emotional disturbances, and people in addictions recovery in state planning, cross training, and peer support infrastructure development.
- Describe how the proposed activities will be implemented and how adherence to the National Standards for culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care will be monitored. For additional information go to: <http://ThikCulturalHealth.hhs.gov>
- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in [Section 1-2](#): Expectations. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

- If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings.
- Identify the other Statewide Networks that will collaborate in the proposed project. Include a Memorandum of Agreement signed by all participating Statewide Networks in **Attachment 1** of your application describing their roles and responsibilities and demonstrating their commitment to the project.
- Describe how the applicant organization and partnering Statewide Network(s) will maintain meaningful communication with and coordination between/among each other.

### **Section C: Staff, Management, and Relevant Experience (30 points)**

- Discuss the capability and experience of the applicant organization and partnering Statewide Network(s) in collaboration and partnering activities across the state.
- Provide a complete list of staff positions for the project, including the Project Director and other key personnel from the applicant and all partnering Statewide Network(s), showing the role of each and their level of effort and qualifications, including experience in providing culturally and linguistically appropriate services.
- Discuss how the applicant and partnering Statewide Networks have demonstrated effective and sustained stakeholder engagement across the state, including racial/ethnic-specific and LGBT organizations.”

### **Section D: Data Collection and Performance Measurement (15 points)**

- Document your ability to collect and report on the required performance measures as specified in [Section I-2.2](#) of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures you plan to use for your grant project.
- Describe how data will be used to manage the project, enhance coordination among the participating Statewide Networks, and assure that the goals and objectives will be tracked and achieved. Describe how information related to process and outcomes will be routinely communicated to program staff among the participating Statewide Networks.
- Describe your plan for conducting the performance assessment as specified in [Section I-2.3](#) of this RFA and document your ability to conduct and report on the assessment in the quarterly reports.

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

**Budget Justification, Existing Resources, Other Support (other federal and non-federal sources).**

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

Be sure to show that no more than 15 percent of the total grant award will be used for data collection, performance measurement and performance assessment.

**The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See [Appendix B, Guidance for Electronic Submission of Applications](#).)**

**SUPPORTING DOCUMENTATION**

**Section E:** Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

**Section F: Biographical Sketches and Job Descriptions.**

- Include position descriptions for the Project Director and all key personnel. Position descriptions should be no longer than 1 page each.
- For staff who have been identified, include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. Reviewers will not consider information past page 2.
- Information on what you should include in your biographical sketches and job descriptions can be found in [Appendix E](#) of this document.

**Section G:** Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section G of your application. See [Appendix G](#) for guidelines on these requirements.

## 2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Mental Health Services' and the Center for Substance Abuse Treatments' National Advisory Councils.
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations to receive services and program size.

## VI. ADMINISTRATION INFORMATION

### 1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The NoA is the sole obligating document that allows you to receive federal funding for work on the grant project.

If you are not funded, you will receive notification from SAMHSA.

### 2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at <http://beta.samhsa.gov/grants-management>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA website (<http://beta.samhsa.gov/grants-management>).

- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation;
  - requirements to address problems identified in review of the application; or
  - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- If your application is funded, you must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. You may assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, available at <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>.
- On June 26, 2013, in *United States v. Windsor*, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex spouses/marriages, was unconstitutional. As a result of that decision, SAMHSA is no longer prohibited from recognizing same sex marriages. Consistent with HHS policy and the purposes of SAMHSA programs, same-sex spouses/marriages are to be recognized in the Statewide Peer Networks for R&R Grants. This means that, as a recipient of SAMHSA funding for Statewide Peer Networks for R&R Grants, you will be required to treat as valid the marriages of same-sex couples whose marriage was legal when entered into. This applies regardless of whether the couple now lives in a jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage. Any same-sex marriage legally entered into in



one of the 50 states, the District of Columbia, a U.S. territory or a foreign country will be recognized. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.

### **3. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in Section I-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://beta.samhsa.gov/grants/applying/reporting-requirements>.

## **VII. AGENCY CONTACTS**

For questions about program issues contact:

Marsha Baker  
CSAT Recovery Community Services Program-Statewide Network Program  
Lead  
Room 5-1124  
240-276-1566  
[Marsha.Baker@samhsa.hhs.gov](mailto:Marsha.Baker@samhsa.hhs.gov)

Mary Blake  
Statewide Consumer Network Program Lead  
Room 6-1020  
240-276-1747  
[Mary.Blake@samhsa.hhs.gov](mailto:Mary.Blake@samhsa.hhs.gov)

Elizabeth Sweet  
Statewide Family Network Program Lead  
Room 6-1052  
240-276-1925  
[Elizabeth.Sweet@samhsa.hhs.gov](mailto:Elizabeth.Sweet@samhsa.hhs.gov)

For questions on grants management and budget issues contact:

Gwendolyn Simpson  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Room 7-1091  
Rockville, Maryland 20857

(240) 276-1408

[gwendolyn.simpson@samhsa.hhs.gov](mailto:gwendolyn.simpson@samhsa.hhs.gov)

## Appendix A – Checklist for Formatting Requirements and Screen-out Criteria for SAMHSA Grant Applications

*SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
- Applications must be received by the application due date and time, as detailed in [Section IV-2](#) of this grant announcement.
- You must be registered in the System Award Management (SAM) prior to submitting your application. The DUNS number used on your application must be registered and active in the SAM prior to submitting your application.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. **You may use Times New Roman 10 only for charts or tables.** (See additional requirements in [Appendix B, "Guidance for Electronic Submission of Applications."](#))
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

*To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.*

- Applications should comply with the following requirements:
  - Provisions relating to confidentiality and participant protection/human subjects specified in [Appendix G](#) of this announcement.
  - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
  - Documentation of nonprofit status as required in the Checklist.

- Memorandum of Agreement between the SAMHSA-funded Statewide Networks within the state.
- Black print should be used throughout your application, including charts and graphs (no color). **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in [Section IV-1.1](#) of this announcement should not be exceeded.

## Appendix B – Guidance for Electronic Submission of Applications

SAMHSA discretionary grant applications must be submitted electronically through Grants.gov. **SAMHSA will not accept paper applications**, except when a waiver of this requirement is approved by SAMHSA. The process for applying for a waiver is described later in this appendix.

If this is the first time you have submitted an application through Grants.gov, you must complete **three separate registration processes** before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are:

1. DUNS Number registration:

**The DUNS number you use on your application must be registered and active in the SAM.**

2. System for Award Management (SAM) registration:

The **System for Award Management** (SAM) is a federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as EPLS. Future phases of SAM will add the capabilities of other systems used in federal awards processes.

**SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes.

**Grants.gov will reject electronic submissions from applicants with expired registrations. To create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.**

You will find a ***Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM*** at [https://www.sam.gov/sam/transcript/Quick\\_Guide\\_for\\_Grants\\_Registrations.pdf](https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf).

3. Grants.gov Registration (get username and password):

Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (first page). See the Organization Registration User Guide for details at the following Grants.gov link: <http://www.grants.gov/web/grants/applicants/organization-registration.html>.

You can find additional information about the Grants.gov process at <http://www.grants.gov/web/grants/outreach/grantsgov-training.html>.

To submit your application electronically, you may search <http://www.Grants.gov> for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of this funding announcement.

You must follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

- By e-mail: [support@Grants.gov](mailto:support@Grants.gov)
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application, you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov within the next 24-48 hours. One will confirm receipt of the application in Grants.gov, and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. It is important that you retain this tracking number.

**Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.** Please note that it is incumbent on the applicant to monitor your application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov, it will not be forwarded to SAMHSA as the receiving institution.**

If you experience issues/problems with electronic submission of your application through Grants.gov, contact the Grants.gov helpdesk by email at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726 (1-800-518-GRANTS). **Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.** It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your application. Grants.gov will reject applications submitted after 11:59 PM on the application due date.

SAMHSA highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM,

and DUNS registration at least 2 weeks prior to the submission deadline, it is highly unlikely that these issues will be resolved in time to successfully submit an electronic application.

**It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format.** If you do not have access to Adobe software, you may submit in Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007 may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic submission. **If the number of files exceeds 4, only the four files will be downloaded and considered in the peer review of applications.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-D) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections E-G) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-4) in this order and numbered consecutively.

If you have documentation that does not pertain to any of the 4 listed attachment files, include that documentation in Other Attachment File 2.

### **Other Grants.gov Requirements**

Applicants are limited to using the following characters in all attachment file names:

Valid file names may include only the following characters:

- A-Z
- a-z
- 0-9
- Underscore \_
- Hyphen –
- Space

- Period .

**If your application uses any other characters when naming your attachment files, your application will be rejected by Grants.gov.**

**Do not use special characters in file names, such as parenthesis ( ), #, ©, etc.**

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in rejection of your application.

### **Waiver Request Process**

Applicants may request a waiver of the requirement for electronic submission if they are unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

**All applicants must register in the System for Award Management (SAM) and Grants.gov, even those who intend to request a waiver.** If you do not have an active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review. Registration is necessary to ensure that information required for paper submission is available and that the applicant is ready to submit electronically if the waiver is denied. (See directions for registering in SAM and on Grants.gov above.)

A written waiver request must be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of this RFA. The request must be either e-mailed to [DGR.Waivers@samhsa.hhs.gov](mailto:DGR.Waivers@samhsa.hhs.gov), or mailed to:

Diane Abbate, Director of Grant Review  
Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD 20857

**Applicants are encouraged to request a waiver by e-mail, when possible.** When requesting a waiver, the following information must be included:

- SAMHSA RFA title and announcement number;
- Name, address, and telephone number of the applicant organization as they will appear in the application;



- Applicant organization's DUNS number;
- Authorized Organization Representative (AOR) for the named applicant;
- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver; and
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

The Office of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/deliver (if the waiver request was received by mail) the waiver decision to the Contact Person no later than seven calendar days prior to the application due date. If the waiver is approved, a paper application must be submitted. (See instructions for submitting a paper application below.) SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand carried. If the waiver is disapproved, the applicant organization must be prepared to submit through Grants.gov or forfeit the opportunity to apply. The written approval must be included as the cover page of the paper application and the application must be received by the due date.

A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval must be included as the cover page of each paper application. The organization and DUNS number named in the waiver and any subsequent application must be identical.

**A paper application will not be accepted without the waiver approval and will be returned to the applicant if it is not included. Paper applications received after the due date will not be accepted.**

#### **Instructions for Submitting a Paper Application with a Waiver**

Paper submissions are due by **5:00 PM** on the application due date stated on the cover page of this RFA. **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

**Note: If you use the USPS, you must use Express Mail.**

**SAMHSA will not accept or consider any applications that are sent by e-mail or facsimile or hand carried.**

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

**For United States Postal Service:**

Diane Abbate, Director of Grant Review  
Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
Room 3-1044  
1 Choke Cherry Road  
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include “**Statewide Peer Networks for R&R and RFA # SM-14-023**” in item number 12 on the first page (SF-424) of your paper application. If you require a phone number for delivery, you may use (240) 276-1199.

**Your application must be received by the application deadline or it will not be considered for review.** Please remember that mail sent to federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:

- Application for Federal Assistance (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)

- Checklist – the Checklist should be the last page of your application.
- Documentation of nonprofit status as required in the Checklist

Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments, such as posters, will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Black print should be used throughout your application, including charts and graphs (no color). Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

## **Appendix C – Intergovernmental Review (E.O. 12372) Requirements**

### **States with SPOCs**

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application package and can be downloaded from the Office of Management and Budget (OMB) website at [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc).

- Check the list to determine whether your state participates in this program. You do not need to do this if you are an American Indian/Alaska Native tribe or tribal organization.
- If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process.
- For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.
- The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. SM-14-023. Change the zip code to 20850 if you are using another delivery service.

### **States without SPOCs**

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you must submit a Public Health System Impact Statement (PHSIS)<sup>1</sup>

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<sup>1</sup> Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the first page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send

to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

- a copy of the first page of the application (SF-424); and
- a summary of the project, no longer than one page in length that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's website at <http://beta.samhsa.gov/grants/default/files/ssadirectory.pdf>. A listing of the SSAs for mental health can be found on SAMHSA's website at <http://beta.samhsa.gov/grants/default/files/ssadirectory-mh.pdf>. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

If applicable, you must include a copy of a letter transmitting the PHSIS to the SSA in **Attachment 4, "Letter to the SSA."** The letter must notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address. **For United States Postal Service:** Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. SM-14-023. Change the zip code to **20850** if you are using another delivery service.

In addition:

- Applicants may request that the SSA send them a copy of any state comments.
- The applicant must notify the SSA within 30 days of receipt of an award.

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comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

## Appendix D – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$30 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the

program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$30 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the RFA. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

## **Appendix E – Biographical Sketches and Job Descriptions**

### **Biographical Sketch**

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

### **Job Description**

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week



## Appendix F – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF-424A: SECTION B FOR THE BUDGET PERIOD

**A. Personnel:** Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

### FEDERAL REQUEST

| Position              | Name           | Annual Salary/Rate | Level of Effort | Cost            |
|-----------------------|----------------|--------------------|-----------------|-----------------|
| (1) Project Director  | John Doe       | \$64,890           | 10%             | \$6,489         |
| (2) Grant Coordinator | To be selected | \$46,276           | 100%            | \$46,276        |
| (3) Clinical Director | Jane Doe       | In-kind cost       | 20%             | 0               |
|                       |                |                    | <b>TOTAL</b>    | <b>\$52,765</b> |

### JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

**Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.**

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form S-424A) **\$52,765**

**B. Fringe Benefits:** List all components that make up the fringe benefits rate

**FEDERAL REQUEST**

| Component            | Rate  | Wage         | Cost            |
|----------------------|-------|--------------|-----------------|
| FICA                 | 7.65% | \$52,765     | \$4,037         |
| Workers Compensation | 2.5%  | \$52,765     | \$1,319         |
| Insurance            | 10.5% | \$52,765     | \$5,540         |
|                      |       | <b>TOTAL</b> | <b>\$10,896</b> |

**JUSTIFICATION:** Fringe reflects current rate for agency.

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF-424A) \$10,896

**C. Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail.

**FEDERAL REQUEST**

| Purpose of Travel      | Location       | Item                             | Rate                               | Cost           |
|------------------------|----------------|----------------------------------|------------------------------------|----------------|
| (1) Grantee Conference | Washington, DC | Airfare                          | \$200/flight x 2 persons           | \$400          |
|                        |                | Hotel                            | \$180/night x 2 persons x 2 nights | \$720          |
|                        |                | Per Diem (meals and incidentals) | \$46/day x 2 persons x 2 days      | \$184          |
| (2) Local travel       |                | Mileage                          | 3,000 miles@.38/mile               | \$1,140        |
|                        |                |                                  | <b>TOTAL</b>                       | <b>\$2,444</b> |

**JUSTIFICATION:** Describe the purpose of travel and how costs were determined.

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF-424A) **\$2,444**

**D. Equipment:** An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

**FEDERAL REQUEST** – (enter in Section B column 1 line 6d of form SF-424A) **\$ 0**

**E. Supplies:** Materials costing less than \$5,000 per unit and often having one-time use

**FEDERAL REQUEST**

| Item(s)                 | Rate                   | Cost           |
|-------------------------|------------------------|----------------|
| General office supplies | \$50/mo. x 12 mo.      | \$600          |
| Postage                 | \$37/mo. x 8 mo.       | \$296          |
| Laptop Computer         | \$900                  | \$900          |
| Printer                 | \$300                  | \$300          |
| Projector               | \$900                  | \$900          |
| Copies                  | 8000 copies x .10/copy | \$800          |
|                         | <b>TOTAL</b>           | <b>\$3,796</b> |

**JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.**

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

**FEDERAL REQUEST** – (enter in Section B column 1 line 6e of form SF-424A) **\$ 3,796**

**F. Contract:** A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

**COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.**

**FEDERAL REQUEST**

| Name                                   | Service      | Rate                       | Other  | Cost     |
|--|--------------|----------------------------|--------|----------|
| (1) State Department of Human Services | Training     | \$250/individual x 3 staff | 5 days | \$750    |
| (2) Treatment Services                 | 1040 Clients | \$27/client per year       |        | \$28,080 |

| Name                             | Service                   | Rate  | Other  | Cost            |
|----------------------------------|---------------------------|---|--|-----------------|
| (3) John Smith<br>(Case Manager) | Treatment Client Services | 1FTE @ \$27,000<br>+ Fringe Benefits of \$6,750 =<br>\$33,750 | *Travel at 3,124 @ .50 per mile = \$1,562<br><br>*Training course \$175<br><br>*Supplies @ \$47.54 x 12 months or \$570<br><br>*Telephone @ \$60 x 12 months = \$720<br><br>*Indirect costs = \$9,390 (negotiated with contractor) | \$46,167        |
| (4) Jane Smith                   | Evaluator                 | \$40 per hour x 225 hours                                     | 12 month period  | \$9,000         |
| (5) To Be Announced              | Marketing Coordinator     | Annual salary of \$30,000 x 10% level of effort               |  | \$3,000         |
|                                  |                           |   | <b>TOTAL</b>   | <b>\$86,997</b> |

**JUSTIFICATION:** Explain the need for each contractual agreement and how it relates to the overall project.

- (1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

- (2) Treatment services for clients to be served based on organizational history of expenses.
- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

**\*Represents separate/distinct requested funds by cost category**

**FEDERAL REQUEST** – (enter in Section B column 1 line 6f of form SF-424A) **\$86,997**

**G. Construction: NOT ALLOWED** – Leave Section B columns 1& 2 line 6g on SF-424A blank.

**H. Other:** Expenses not covered in any of the previous budget categories

**FEDERAL REQUEST**

| Item                  | Rate                                | Cost            |
|-----------------------|-------------------------------------|-----------------|
| (1) Rent*             | \$15/sq.ft x 700 sq. feet           | \$10,500        |
| (2) Telephone         | \$100/mo. x 12 mo.                  | \$1,200         |
| (3) Client Incentives | \$10/client follow up x 278 clients | \$2,780         |
| (4) Brochures         | .89/brochure X 1500 brochures       | \$1,335         |
|                       | <b>TOTAL</b>                        | <b>\$15,815</b> |

**JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.**

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA's fair share of the space.

**\*If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the percent of effort for the personnel listed in this application for the SAMHSA project only.

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

**FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) \$15,815**

**Indirect Cost Rate:** Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to:  
<https://rates.psc.gov/fms/dca/map1.html>.

**FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)**

**8% of personnel and fringe (.08 x \$63,661) \$5,093**

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TOTAL DIRECT CHARGES:

**FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) \$172,713**

INDIRECT CHARGES:

**FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) \$5,093**

**TOTAL: (sum of 6i and 6j)**

**FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A) \$177,806**

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**Provide the total proposed project period and federal funding as follows:**

**Proposed Project Period**

a. Start Date: **09/30/2014**

b. End Date: **09/29/2015**

**BUDGET SUMMARY** (should include projected total)

| <b>Category</b>            | <b>Year 1</b>    | <b>Total Project Costs</b> |
|----------------------------|------------------|----------------------------|
| Personnel                  | \$52,765         | \$52,765                   |
| Fringe                     | \$10,896         | \$10,896                   |
| Travel                     | \$2,444          | \$2,444                    |
| Equipment                  | 0                | 0                          |
| Supplies                   | \$3,796          | \$3,796                    |
| Contractual                | \$86,997         | \$86,997                   |
| Other                      | \$15,815         | \$15,815                   |
| Total Direct Charges       | \$172,713        | \$172,713                  |
| Indirect Charges           | \$5,093          | \$5,093                    |
| <b>Total Project Costs</b> | <b>\$177,806</b> | <b>\$177,806</b>           |

**TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs**

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF-424A) **\$177,806**

**\*FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.
2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.



**IN THIS SECTION, REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.**

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see [Appendix D](#), Funding Restrictions, regarding allowable costs.]

**IN THIS SECTION**, include a separate budget for each year of the grant that shows that no more than 15 percent of the total grant award will be used for data collection, performance measurement, and performance assessment.

| <b>Data Collection &amp; Performance Measurement</b> | <b>Year 1</b>      | <b>Total Data Collection &amp; Performance Measurement Costs</b> |
|--|--------------------|--|
| Personnel  | \$6,700            | \$6,700  |
| Fringe   | \$2,400            | \$2,400  |
| Travel   | \$100              | \$100  |
| Equipment  | 0                  | 0  |
| Supplies   | \$750              | \$750  |
| Contractual  | \$24,950           | \$24,950   |
| Other  | 0                  | 0  |
| Total Direct Charges                                 | \$34,300           | \$34,300   |
| Indirect Charges                                     | \$698              | \$698  |
| <b>Data Collection &amp; Performance Measurement</b> | <b>\$69,898.00</b> | <b>\$69,898.00</b>   |

## **Appendix G – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines**

### **Confidentiality and Participant Protection:**

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

#### **1. Protect Clients and Staff from Potential Risks**

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

#### **2. Fair Selection of Participants**

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

### 3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
- If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value of an incentive paid for with SAMHSA discretionary grant funds exceed \$30.
- State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

### 4. Data Collection

- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Attachment 2, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

## 5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

**NOTE:** If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

## 6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

**NOTE:** If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

**NOTE:** Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

## 7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

## **Protection of Human Subjects Regulations**

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant’s proposed performance assessment design may meet the regulation’s criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under “Applying for a New SAMHSA Grant,” <http://beta.samhsa.gov/grants/applying>.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project.

General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or [ohrp@osophs.dhhs.gov](mailto:ohrp@osophs.dhhs.gov), or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in [Section VII](#) of this announcement.

## Appendix H – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: [http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS\\_Plan\\_complete.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf).

The number one Secretarial priority in the Action Plan is to: “**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.** HHS leadership will assure that: Program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits.”

To accomplish this, SAMHSA expects grantees to utilize their data to: (1) identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; and (2) implement strategies to decrease the differences in **access, service use, and outcomes** among those subpopulations. A strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

**PLEASE NOTE: The disparity impact statement is not a requirement for this grant program.**

### **Definition of Health Disparities:**

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

### **Subpopulations**

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For

instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant.

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011,

<http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

### **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (CLAS)**

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at:

<http://www.ThinkCulturalHealth.hhs.gov>



# **Appendix I – Sample Memorandum of Agreement**

Statewide Peer Networks for Recovery and Resiliency Program

Memorandum of Agreement Between

Recovery Community Services Program Statewide Networks

And

Statewide Family Networks

And

Statewide Consumer Networks

## **A. PURPOSE**

The purpose of the Memoranda of Agreement is to establish a shared and mutually agreed upon process and protocol among the Networks to cooperatively assist in the enhancement and promotion of cross-service system, peer workforce, and infrastructure development that is recovery-focused and resiliency-oriented.

## **B. STATEMENT OF MUTUAL BENEFIT AND INTERESTS**

Networks agree that it is to their mutual interest and benefit to support the development and sustainability of behavioral health systems that are peer-driven, youth-guided, strength-based, community-based, integrated and coordinated, culturally competent, and outcome-based. Such systems will improve outcomes which promote the creation of collaboratives that focus on the development of self-sufficient and empowered networks and foster the growth of communities of recovery. Networks agree it is to their mutual benefit to adopt a whole-person approach to address people's needs in education, employment, housing, and social and life functioning and ensuring access to appropriate treatment and recovery.

## **C. FUNDING**

The implementation of the Memoranda of Agreement is pending on the availability of federal funding pursuant to grant # SM-14-023 with the funding period from 9/30/2014 to 9/29/2015.

## EACH ORGANIZATION WILL

1. Agree to participate in the development of a strategic plan to promote peer and family voice, recovery, and resiliency.
  2. Identify staff who will participate in orientation meetings concerning fiscal roles, reporting requirements, and responsibilities of implementation.
  3. Identify staff who will be dedicated to the implementation of the project activities.
  4. Attend trainings concerning those activities as identified in the application e.g.,:
    - a. Systems of Care values and guiding principles;
    - b. Wraparound Services;
    - c. Care that is driven and guided by youth and young people, supported by family, culturally competent, and strength-based; and
    - d. Strength-based peer supported recovery.
2. Prioritize training, develop training curriculum, and organize training on:
- a. Systems of Care values and guiding principles;
  - b. Wraparound Services;
  - c. Youth-guided, family-driven, culturally competent, and strength-based approaches; and
  - d. Strength-based peer supported recovery.

The training methods will be sensitive to the issues of time and distance. Training will be available face to face, on-line, or via video conferencing, etc.

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(Signature of AOR for RSCP-SN)

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Date

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(Signature of AOR for Consumer Network)

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Date

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(Signature of AOR for Family Network)

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Date

## **Appendix J – List of Eligible SAMHSA-funded Recovery Community Services Program-Statewide Networks, Statewide Consumer Networks, and Statewide Family Networks**

### **Indiana**

|   |                |
|---|----------------|
| Mental Health America of Indiana                        | RCSP Network   |
| Indiana Federation of Families/Children's Mental Health | Family Network |

### **Massachusetts**

|                                     |                |
|-------------------------------------|----------------|
| Third Sector New England, Inc.      | RCSP Network   |
| Parent/Professional Advocacy League | Family Network |

### **Michigan**

|  |                  |
|--|------------------|
| Detriot Recovery Project                 | RCSP Network     |
| Recovery Institute of SW Michigan, Inc.  | Consumer Network |
| Association for Children's Mental Health | Family Network   |

### **New York**

|  |                  |
|--|------------------|
| National Alliance of Methadone Advocates | RCSP Network     |
| Mental Health Empowerment Project, Inc.  | Consumer Network |
| Families Together in New York            | Family Network   |

### **Ohio**

|  |                  |
|--|------------------|
| Northern Ohio Recovery Association, Inc.     | RCSP Network     |
| Ohio Empowerment Coalition                   | Consumer Network |
| Ohio Federation for Children's Mental Health | Family Network   |

### **South Carolina**

|  |                  |
|--|------------------|
| Faces and Voices of Recovery SC          | RCSP Network     |
| South Carolina Share                     | Consumer Network |
| Federation of Families of South Carolina | Family Network   |

## **Texas**

|   |                |
|---|----------------|
| SoberHood   | RCSP Network   |
| Texas Federation of Families for Children's Mental Health | Family Network |

## **Vermont**

|   |                |
|---|----------------|
| Vermont Recovery Network                                | RCSP Network   |
| Vermont Federation of Families/Children's Mental Health | Family Network |

## **Wisconsin**

|                                |                  |
|--------------------------------|------------------|
| Dryhootch of America, Inc.     | RCSP Network     |
| Grassroots Empowerment Project | Consumer Network |
| Wisconsin Family Ties, Inc.    | Family Network   |